



State Properties
Commission



SPACE ACTION FORM

Date: November 25, 2008

TYPE OF SPACE ACTION:

☐ Increase ☐ Decrease ☐ No change

Fiscal Year: _____

Space Management

47 Trinity Avenue, S.W., Suite G02

Atlanta, Georgia 30334-9006

404/656-5602 Fax: 404/651-8084

SPC_SM@gspc.ga.gov

SPC Lease:

☐ New
☐ Renewal
☐ Renegotiation
☐ Cancellation
☐ Other: _____

GBA MOA:

☐ New
☐ Renewal
☐ Renegotiation
☐ Cancellation
☐ Other: _____

1. FROM: (Requesting Agency/Division)

Agency/Division: _____

Address: _____

Agency Official: _____ Phone: _____

Email: _____

Local Contact: _____ Phone: _____

2. Current Rental Information

Lease #: _____

Address: _____

City & County: _____

Number of Staff: _____

Total Sq. Ft: _____

Monthly rate: _____

Utilities*: _____

Janitorial*: _____

(*If not included in rent)

3. Location Required: (City) *If new action, please provide brief description.

City & County: _____

Monthly Budgeted Rent Amount: _____

Occupancy Date Desired: _____

Projected Number of Staff: _____

Primary Use:

☐ Office/Administration
☐ Warehouse/Storage
☐ Classroom
☐ Other: _____

4. Remarks or Additional Comments:

REQUESTING AGENCY CERTIFICATION: I CERTIFY THAT THE SPACE REQUESTED ABOVE IS NECESSARY FOR THE PROPER FUNCTION OF THE AGENCY NAMED, THAT SUFFICIENT FUNDS ARE AVAILABLE, AND ALL NECESSARY APPROVALS HAVE BEEN OBTAINED.

Signature: (Authorizing Agency Level Official)

Date: _____

For SPC Use Only

Date Request Received at SMP: _____ SMP Control Number: _____

SMP Action Recommended:

☐ Assign State-owned Space

☐ Assign to Transaction Management

☐ Assign GBA Space

☐ Other Action: _____

Authorized SMP Agent:

Date: _____